

#### **QUARTERLY STATEMENT**

AS OF JUNE 30, 2007 OF THE CONDITION AND AFFAIRS OF THE

	<b>Physician</b>	s Health Plan of M	id-Michigan	
NAIC Group Code 3408		NAIC Company Code 95849	Employer's ID Number 38-2356	288
(Current Period)  Organized under the Laws of Michigan	(Prior Period)	State of Don	nicile or Port of Entry Michigan	
		, State of Don	ilicile of Fort of Entry wildingan	
Country of Domicile US				
Licensed as business type:		D 440 N 5 1		15 410 4 4 4 7 7
Life Accident and Health [ ] Dental Service Corporation [ ] Health Maintenance Organization [ X ]	Is HMO Feder	Property/Casualty [ ] Vision Service Corporation [ ] ally Qualified? Yes ( ) No (X)	Hospital , Medical Other [ ]	and Dental Service or Indemnity [ ]
Incorporated/Organized December 18, 19	80	Commenced Busin	ness October 1, 1981	
Statutory Home Office 1400 E. Michigan A	Avenue, Lansing, Michigan 489			
		(Street and Number, City or Town, State	and Zip Code)	
Main Administrative Office 1400 E. Michig		48912 Street and Number, City or Town, State and Zip Co		517-364-8400 (Area Code) (Telephone Number)
Mail Addrage BO Box 20277 Lancing Michig	·	order and Number, only of Town, State and Zip of	ndo)	(Alea Gode) (Telephone Number)
Mail Address PO Box 30377, Lansing, Michig	gan 48909	(Street and Number, City or Town, State and	Zip Code)	
Primary Location of Books and Records	1400 E. Michigan Avenue, La	nsing , Michigan 48912		
•	517-364-8400	<u> </u>	r Town, State and Zip Code)	
	(Area Code) (Telepho	one Number)		
Internet Website Address www.phpmm.c	org			
Statutory Statement Contact Jackie Edd			517-364-8400	1
Statutory Statement Contact	<u>y</u>	(Name)		de) (Telephone Number) (Extension)
_ jackie.eddy@phpmm.org	(F-M	ail Address)	517-364-8407	(Fax Number)
Policyowners Relations Contact and	sing, Michigan 48912	City or Town, State and Zip Code)	517-364-8400 (Area Coo	,
Phone Number				
		OFFICERS		
	lkerson (President) s (Assistant Secretary)		<ol> <li>Chris Bergman (Treasure</li> <li>Randy Rifkin (Secretary)</li> </ol>	er)
		VIOE PRECIPENTO		
		VICE PRESIDENTS  Marylee Davis, PhD (Chairperson	)	
			'	
		DIRECTORS OR TRUSTE	_	
De	Springer, MD ennis Swan		Virginia Hilbert Wendell Barron	
Říci	ee Davis , PhD hard Bruner		Dennis Muchmore Brian McCardel, MD	
Larry R	nickerbocker, MD awsthorne, MD		Martha Bibbs Patrick Gribben	
Chr Sco	ris Bergman tt Wilkerson		Randy Rifkin	
	•			
State of Michigan	— <b>}</b> ss			
County of Ingham	J			
The officers of this reporting entity, being duly swor	n, each depose and say that the	y are the described officers of said reporting entity	, and that on the reporting period stated above, al	Il of the herein described assets were the
absolute property of the said reporting entity, free annexed or referred to, is a full and true statement	of all the assets and liabilities and	d of the condition and affairs of the said reporting	entity as of the reporting period stated above, and	d of its income and deductions therefrom
for the period ended, and have been completed in state rules or regulations require differences in repo				
	y to accounting pr			•
Scott Wilkerson		Chṛis Bergman		David Vis
President		Treasurer	Assi	istant Secretary

a. Is this an original filing?

b. If no: 1. State the amendment number 2. Date filed

3. Number of pages attached

Yes (X) No ( )

Subscribed and sworn to before me this day of

### **ASSETS**

		Current Statement Date		4	
		1	2 Nonadmitted	3 Net Admitted Assets (Col. 1	Prior Year Net
		Assets	Assets	minus Col. 2)	Admitted Assets
1.	Bonds				
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks			17,707,845	22,480,212
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$encumbrances)	2 , 415 , 363		2,415,363	2,615,485
	4.2 Properties held for the production of income (less \$encumbrances)				
	4.3 Properties held for sale (less \$encumbrances)				
5.	Cash (\$ 12,274,064 ) , cash equivalents (\$ ) and short-term investments (\$ 35,894,473 )			48,168,537	34,997,214
6.	Contract loans (including \$				
7.	Other invested assets	7 , 333 , 400		7,333,400	6,602,332
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets .				
10.	Subtotals, cash and invested assets (Line 1 to Line 9)			75,625,145	66,695,243
11.	Title plants less \$				
12.	Investment income due and accrued			238,630	193,829
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection	2,537,123	385,868	2, 151, 255	415,474
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers	4,013,573		4,013,573	753,205
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$)				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$ 1,337,062 ) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)				
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Totals (Line 24 and Line 25)	101,826,645	11,950,077	89,876,568	72,523,611
0901.	LS OF WRITE-INS				
0903.					
	Summary of remaining write-ins for Line 9 from overflow page Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)				
	PREPAIDS				
2303.					
	Summary of remaining write-ins for Line 23 from overflow page Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				

# LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)	36 274 503	3 587 507	30 862 100	24 196 087
2.	Accrued medical incentive pool and bonus amounts.			5,769,170	
	Unpaid claims adjustment expenses			229,928	
3.				,	
4.	Aggregate health policy reserves.				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve.				
7.	Aggregate health claim reserves				
8.	Premiums received in advance.				
9.	General expenses due or accrued	725,319		725,319	1,635,303
10.1	Current federal and foreign income tax payable and interest thereon (including \$				
10.2	Net deferred tax liability.				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	947,031		947,031	153,569
13.	Remittances and items not allocated.				
14.	Borrowed money (including \$				
15.	Amounts due to parent, subsidiaries and affiliates.				
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$				
18.	Reinsurance in unauthorized companies.				
19.	Net adjustments in assets and liabilities due to foreign exchange rates.				
20.	Liability for amounts held under uninsured plans.				
21.	Aggregate write-ins for other liabilities (including \$				
22.	Total liabilities (Line 1 to Line 21)		3,587,597		
23.	Aggregate write-ins for special surplus funds.		XXX		
24.	Common capital stock	XXX	XXX		
25.	Preferred capital stock	XXX	XXX		
26.	Gross paid in and contributed surplus.		XXX		
27.	Surplus notes.	XXX	XXX		
28.	Aggregate write-ins for other than special surplus funds		XXX		
29.	Unassigned funds (surplus)	XXX	XXX	35,427,392	
30.	Less treasury stock, at cost:	XXX	XXX	00,421,002	00,000,000
30.	30.1	XXX	XXX		
	30.2	XXX	XXX		
21			XXX	35,427,392	
	Total capital and surplus (Line 23 to Line 29 minus Line 30)				
32.	Total Liabilities, capital and surplus (Line 22 and Line 31)	XXX	XXX	89,876,568	12,525,011
DETAI	S OF WRITE-INS				
2101. 2102.					
2103.	······································				
2198. 2199.	Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above)				
2301.		XXX	XXX		
2302. 2303.		XXX	XXX XXX		
2398.	Summary of remaining write-ins for Line 23 from overflow page.  Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)		XXX XXX		
	(Enio 20 de 10 de	, , , , , , , , , , , , , , , , , , ,			
2801. 2802.		XXX XXX	X X X X X X		
2803. 2898.	· · · · · · · · · · · · · · · · · · ·	XXX XXX	XXX XXX		
	Totals (Line 2801 through Line 2803 plus Line 2898) (Line 28 above)	XXX	XXX		

# STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year to Date	
		1 Uncovered	2 Total	3 Total	
	•	Uncovered	TOTAL	Total	
1.	Member Months	XXX	365,923	418,881	
2.	Net premium income (including \$non-health premium income)	XXX	111, 123, 522	114,675,412	
3.	Change in unearned premium reserves and reserve for rate credits	XXX			
4.	Fee-for-service (net of \$medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Line 2 to Line 7)	XXX	111, 123, 522	114,675,412	
Hospita 9.	al and Medical: Hospital/medical benefits	6,489,711	69,022,116		
10.	Other professional services	596,538	6,344,549	8,955,870	
11.	Outside referrals				
12.	Emergency room and out-of-area	298,054	3,169,992	4,294,778	
13.	Prescription drugs	1,373,013	15,255,704	15,188,693	
14.	Aggregate write-ins for other hospital and medical	12,851	142,787	293,764	
15.	Incentive pool, withhold adjustments and bonus amounts		6,155,309	6,313,247	
16.	Subtotal (Line 9 to Line 15)		100,090,457	102,658,640	
Less:	Net reinsurance recoveries .		2.868.322	188.000	
18.	Total hospital and medical (Line 16 minus Line 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$ 85,752 cost containment expenses				
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts (including \$increase in reserves for life only)				
23.	Total underwriting deductions (Line 18 through Line 22)	8,770,167	108,917,779	112,428,027	
24.	Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	2,205,743	2,247,385	
25.	Net investment income earned		1,297,741	1,363,268	
26.	Net realized capital gains (losses) less capital gains tax of \$		(122, 196)	447,611	
27.	Net investment gains (losses) (Line 25 plus Line 26)		1,175,545	1,810,879	
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )]				
29.	Aggregate write-ins for other income or expenses		(1,100)	9,389	
	Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	XXX	3,380,188		
	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Line 30 minus Line 31)	XXX	3,380,188	4,067,653	
DET	AILS OF WRITE-INS				
0601 0602		X X X X X X			
0603 0698 0699	. Summary of remaining write-ins for Line 6 from overflow page	XXX XXX XXX			
	, and (2.1. state of the state	XXX			
0702 0703		X X X X X X			
0798 0799	. Summary of remaining write-ins for Line 7 from overflow page	XXX XXX			
1401	· · · · · · · · · · · · · · · · · · ·	12,851			
1402 1403					
1498 1499	. Summary of remaining write-ins for Line 14 from overflow page				
2901	OTHER SETTLEMENTS		(1,100)		
2902 2903					
	. Summary of remaining write-ins for Line 29 from overflow page			9,389	

# **STATEMENT OF REVENUE AND EXPENSES (continued)**

		1	2	3
	CAPITAL AND SURPLUS ACCOUNT	Current Year to Date	Prior Year To Date	Prior Year
33.	Capital and surplus prior reporting year	30,639,635	34,738,487	34,738,487
34.	Net income (loss) from Line 32.	3,380,188	4,067,653	7,562,435
35.	Change in valuation basis of aggregate policy and claims reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	16,585	(695,876)	95,793
37.	Change in net unrealized foreign exchange capital gain or (loss).			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets.	1,390,984	(3,639,157)	(8,757,080)
40.	Change in unauthorized reinsurance.			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus.			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Tranferred from capital			
46.	Dividends to stockholders.			(3,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Line 34 to Line 47)	4,787,757	(267,380)	(4,098,852)
49.	Capital and surplus end of reporting period (Line 33 plus Line 48)	35,427,392	34,471,107	30,639,635
DET	AILS OF WRITE-INS			
4701	l			
4702	2			
4703	3.			
4798	3. Summary of remaining write-ins for Line 47 from overflow page			
4799	O. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)			

### **CASH FLOW**

		1	2
		Current Year To Date	Prior Year Ended December 31
	Cash from Operations		
1.	Premiums collected net of reinsurance		228,746,003
3.	Net investment income Miscellaneous income	2,694,463	4,422,423
4.	Total (Line 1 through Line 3)		
5.			
6. 7.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts  Commissions, expenses paid and aggregate write-ins for deductions	12,628,153	15,268,568
8. 9.	Dividends paid to policyholders  Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10.	Total (Line 5 through Line9)		221,735,729
11.	Net cash from operations (Line 4 minus Line 10)	9,670,977	11,432,697
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid: 12.1 Bonds		
	12.2 Stocks 12.3 Mortgage loans	6,223,327	14,531,408
	12.4 Real estate 12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalants and short-term investments. 12.7 Miscellaneous proceeds		
			, ,
13.	12.8 Total investment proceeds (Line 12.1 through Line 12.7)		
	13.1 Bonds 13.2 Stocks 13.3 Mortgage loans	1,349,886	12,797,956
	13.4 Real estate 13.5 Other invested assets		650,000
	13.6 Miscellaneous applications.		360,773
	13.7 Total investments acquired (Line 13.1 through Line 13.6)		
14.	Net increase or (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	3,739,870	688,219
	Cash from Financing and Miscellaneous Sources		
16.	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock 16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities  16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	(239,524)	(13,741,188)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(239,524)	(16,741,188)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	13,171,323	(4,620,272)
19.	19.1 Beginning of year	34,997,214	
	19.2 End of period (Line 18 plus Line 19.1)		
	e: Supplemental disclosures of cash flow information for non-cash transactions:		
20.	0002 0003		
20.	0004		
20.	0005 0006		
20.	0007 0008		
	0009 0010		
_			

	1	Comprehensive (Ho	ospital and Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dontol	Federal Employees	T:41- V//III	Title VIV	
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	70,501	236	70,265							
2. First Quarter	61,101	232	60,869							
3. Second Quarter	60,272	253	60,019							
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	365,923		364,461							
Total Member Ambulatory Encounters for Period:										
7. Physician	216,308		215,170							
8. Non-Physician	76,000	400								
9. Total	292,308		290,770							
10. Hospital Patient Days Incurred	8,118	105	8,013							
11. Number of Inpatient Admissions.	3,010	17	2,993							
12. Health Premiums Written (a)	112,387,673	449,031	111,938,642							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned.	112,387,673	449,031	111,938,642							
16. Property/Casualty Premiums Earned.										
17. Amount Paid for Provision of Health Care Services	88,502,543	336,043	88,166,500							
18. Amount Incurred for Provision of Health Care Services	100,090,457	420,143	99,670,314				.			

#### STATEMENT AS OF JUNE 30, 2007 OF THE Physicians Health Plan of Mid-Michigan

# **CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 - Aggregate accounts not individually listed-uncovered		9,377,095	5,068,038		3,261,513	
0399999 - Aggregate accounts not individually listed-covered	1,390,264	927,405	501,235		322,567	3,507,037
0499999 - Subtotals		10,304,500	5,569,273			
0599999 - Unreported claims and other claim reserves.						
0799999 - Total claims unpaid.						
0899999 - Accrued medical incentive pool and bonus amounts						5.769.170

#### **UNDERWRITING AND INVESTMENT EXHIBIT**

#### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid	Year to Date	Liability End of Current Quarter		5	6 Estimated Claim	
	1	2	3	4		Reserve and Claim	
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 plus 3)	Liability December 31 of Prior Year	
Comprehensive (hospital and medical)	20,111,913	63,129,957	1,450,049		21,561,962	24,196,087	
2. Medicare Supplement							
3. Dental only							
4. Vision only							
5. Federal Employees Health Benefits Plan							
6. Title XVIII - Medicare							
7. Title XIX - Medicaid							
8. Other health							
9. Health subtotal (Line 1 to Line 8)	20,111,913	63,129,957	1,450,049		21,561,962	24,196,087	
10. Healthcare recievables (a)	185,852					1,522,237	
11. Other non-health							
12. Medical incentive pools and bonus amounts	1,055,089	4,205,584	265,033	5,504,137		12,900,856	
13. Totals				43,916,278	22,696,232	35,574,706	

<sup>(</sup>a) Excludes \$ . . . . . . . loans or advances to providers not yet expensed.

#### **NOTES TO FINANCIAL STATEMENTS**

#### NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

	No significant change.
2.	ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS
	No significant change.
3.	BUSINESS COMBINATIONS AND GOODWILL
٥.	No significant change.
4.	DISCONTINUED OPERATIONS
	No significant change.
5.	INVESTMENTS
	No significant change.
6.	JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES
0.	No significant change.
	110 significant change.
7.	INVESTMENT INCOME
	No significant change.
8.	DERIVATIVE INSTRUMENTS
	No significant change.
9.	INCOME TAXES
	No significant change.
10.	INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES
	No significant change.
11.	DEBT
	No significant change.
12.	RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND
	COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS
	No significant change.

### **NOTES TO FINANCIAL STATEMENTS**

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

No significant change.
14. CONTINGENCIES
No significant change.
15. LEASES
No significant change.
16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK
No significant change.
17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES
No significant change.
18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS
No significant change.
19. DIRECT PREMIUM WRITTEN / PRODUCED BY MANAGING GENERAL AGENTS / THIRD PARTY ADMINISTRATORS
No significant change.
20. SEPTEMBER 11 EVENTS
No significant change.
21. OTHER ITEMS
No significant change.
22. EVENTS SUBSEQUENT
No significant change.
23. REINSURANCE
No significant change.
24. RETROSPECTIVELY RATED CONTRACTS & CONTRACT SUBJECT TO REDETERMINATION
No significant change.

#### **NOTES TO FINANCIAL STATEMENTS**

#### 25. CHANGE IN INCURRED LOSSES

No significant change.

#### 26. INTERCOMPANY POOLING

No significant change.

#### 27. STRUCTURED SETTLEMENTS

No significant change.

#### 28. HEALTH CARE RECEIVABLES

No significant change.

#### 29. PARTICIPATING POLICIES

No significant change.

#### 30. PREMIUM DEFICIENCY RESERVES

No significant change.

#### 31. ANTICIPATED SALVAGE AND SUBROGATION

No significant change.

#### **GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

#### PART 1 - COMMON INTERROGATORIES

#### GENERAL

Pyes   1 No   (1)   No   (2)   No   (3)   No   (3)   No   (3)   No   (3)   No   (4)   No   (4)   No   (4)   No   (5)   No   (5)   No   (6)	1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?								
resulty? Yes ( ) No (X)  2.2 If yes, date of change:  3. Here there been any substaintial changes in the organizational chart snow the prior quarter end?  4.1 Here there been any substaintial changes in the organizational chart snow the prior quarter end?  4.2 If yes, provide name of entity, NAVC Company Code, and state of domicile (use two letter state attreviation) for any entity that has cessed to exist as a result of the marger or consolication.  4.2 If yes, provide name of entity, NAVC Company Code, and state of domicile (use two letter state attreviation) for any entity that has cessed to exist as a result of the marger or consolication.  5. If the reporting entity is subject to a management agreement, including third-party administratory(s), managing general agent(s), altiturely-in-fact, or similar agreement, have there been synstylicitient changes regarding the lemms of the agreement to principles includes?  6.1 State as of what date the latest famoid examination report accurace available from either the esten of domicile or the reporting entity.  7. This date should be the diet of thread examination report accurace available from either the esten of domicile or the reporting entity.  7. This date should be the diet of thread examination report became available from either the esten of domicile or the reporting entity.  8. State as or what does the latest financial examination report accurace available from either the esten of domicile or the reporting entity.  8. State as or what does the latest financial examination report accurace available to other states or the public from either the state of domicile or the reporting entity.  8. State as or what does the latest financial examination report and not the date of the examination plantane sheet date).  9. White the relation of the reporting entity is a state of the examination report and not the date of the examination plantane sheet date).  9. White the reporting entity.  9. White (Pinnation).  9. White (Pinnation).  9. White (Pinnation).  9. White (P	1.2	If yes, has the report been filed with the domiciliary state?								
Here there been any substantial changes in the organizational chart since the prior quarter end?  If yes, complete the Schedule Y-Pent 1 - organizational chart since the prior quarter end?  Yes () No (X)  If yes, provide name of entity, NAIC Company Code, and state of domicle (use two letter state abstraction) for any entity that has ceased to exist as a result of the manager or consolidation.  Name of Entity  Name of Entity  NaMC Company Code  State of Demicle  Name of Entity  NAIC Company Code  State of Demicle  Name of Entity  NAIC Company Code  State of Demicle  Name of Entity  Yes () No (X) NIA ()  If yes, statch an explanation.  If the reporting entity is subject to a management agreement, including third-party administrator (s), managing general agent(s), altiture-pin-fact, or similar agreement, two-there been any agrificant chargets regarding the time of the agreement or principals involved?  If yes, attach an explanation.  1. State as of what date the latest feature financial examination report became available from either the state of domicle or the reporting entity.  This date should be the class of the accumination report became available from either the state of domicle or the reporting entity.  This date should be the class of the examination and the class of the report was completed or released.  22:31/2001  3. State as of what date the latest feature deministration report and not the class of the examination (balance-sheet date).  42:31/2001  42:31/2001  43:32:32:32:32:32:32:32:32:32:32:32:32:32	2.1									
Hyes, complete the Schodule Y - Part 1 - organizational chart.  4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  4.2 If yes, provide name of entity, NAC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.  5. If the reporting entity is subject to a meragement agreement, including third-party administrator (s), managing general agent(s), attorney-h-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  5. If the reporting entity is subject to a meragement agreement, including third-party administrator (s), managing general agent(s), attorney-h-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  5. If the reporting entity is subject to a meragement agreement, including third-party administrator (s), managing general agent(s), attorney-h-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  5. If the reporting entity is subject to a meragement agreement, including the principals involved?  6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This is the institute the date of the examination report became available to other states on the position of or reporting entity.  6.3 State as of what date the latest financial examination report became available to other states on the position of or reporting entity.  7. If it is the company as advantaged to the examination report became available to other states on the position of the examination (balance sheet date).  6.4 By what department or departments?  8.5 If it is the company a suboidary of a bank holding company regulated by the Federal Reserve Board?  9. Yes {} No (X)  9. Yes {} N	2.2	If yes, date of change:								
4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes () No (X)  1. If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the regording entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), altorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  Yes () No (X) N/A () If yes, attach an explanation.  State as of what date the listest financial examination report became available from either beat and change to the date of the examination report became available to other states or the public from either the state of domicile or the reporting entity.  This date is bound to the date of the examination report and not the date for the examination (balance sheet date).  Oliveration of the examination of departments?  MCHIGAN OFFICE OF FINANCIAL & NISURANCE SERVICES (OFIS)  1. Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a contridentiality daise is part of the agreement.)  Yes () No (X)  Yes () No (X)  Yes () No (X)  1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  Yes () No (X)  Yes () No (X)  Yes () No (X)  Yes () No (X)	3.	Have there been any substantial changes in the organizat	ional chart since the prior quarter end?			Yes ( ) No (X)				
If yes, provide name of entity, NAC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.    1		If yes, complete the Schedule Y - Part 1 - organizational	chart.							
Name of Entity  Name of Entity	4.1	Has the reporting entity been a party to a merger or cons	olidation during the period covered by this statement?			Yes ( ) No (X)				
Name of Entity Name of Entity Subject to a management agreement, including third-party administrator (s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  If yes, attach an explanation.  1. State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity.  This date should be the clate of the examined balance sheet and not the date the report was completed or released.  12/31/2001  1.3 State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity.  This date should be the clate of the examined balance sheet and not the date the report was completed or released.  12/31/2001  1.3 State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity.  This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  12/31/2001  1.4 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting peniod? (You need not report an action, either formal or informal, if a confidentiality clause is part of the gareement.  1. If yes, give full information  1. If yes, give full information  1. If yes, give full information  1. Yes () No (X)  1. If response to 8. It is yes, please identify the name of the bank holding company.  1. Yes () No (X)  1. If the company assubsidiary of a bank holding company regulated by the Federal Reserve Board?  1. Yes () No (X)  1. If the company assubsidiary of a bank holding company regulated by the federal regulatory services agency (ER), the Office of the Comptoller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corp										
5. If the reporting entity is subject to a management agreement, including third-party administrator (s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant charges regarding the terms of the agreement or principals involved?  Yes () No (X) N/A ()  If yes, attach an explanation.  1. State as of what date the latest financial examination of the reporting entity was made or is being made.  1. 2/31/2005  1. State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity.  This date should be the date of the examination report became available from either the state of domicile or the reporting entity.  This is the release date or completion date of the examination report became available to other states or the public from either the state of domicile or the reporting entity.  By what department or departments?  MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES (OFIS)  1. Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the greement.)  Yes () No (X)  1. If yes, give full information  Yes () No (X)  1. If the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  Yes () No (X)  1. If response to 8.1 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comprision of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.										
5. If the reporting entity is subject to a management agreement, including third-party administrator (s), managing general agent (s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  If yes, attach an explanation.  6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.  6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity.  This date should be the date of the examination report became available from either the state of domicile or the reporting entity.  This is the release date or completion date of the examination report and not the date of the states of the public from either the state of domicile or the reporting entity.  This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  6.4 By what department or departments?  MICHGAN OFFICE OF FINANCIAL & INSURANCE SERVICES (OFIS)  7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentially dasse is part of the agreement.)  Yes () No (X)  1 If yes, give full information  1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  Yes () No (X)  1 If response to 8.1 is yes, please identify the name of the bank holding company.  1 If the company affiliated with one or more banks, thrifts or securities firms?  Yes () No (X)  1 If the company affiliated with one or more banks, thrifts or securities firms?  1 If the company affiliated with one or more banks, thrifts or securities firms?  1 If the company affiliated with one or more banks, thrifts or securities firms?  1 If the company affiliated w										
If the reporting entity is subject to a management agreement, including third-party administrator (s), managing general agent (s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  If yes, attach an explanation.  12/31/2005  15 State as of what date the latest financial examination of the reporting entity was made or is being made.  12/31/2005  12/31/2001  13 State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  12/31/2001  13 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  14/08/2003  15/31/2001  16 By what department or departments?  MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES (OFIS)  17.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentially clause is part of the agreement.)  18.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  18.2 If response to 8.1 is yes, please identify the name of the bank holding company.  18.3 Is the company affiliated with one or more banks, thrifts or securities firms?  19.5 () No (X)  19.6 (First) and the securities firm and the date of the main office) of any affiliates regulat										
have there been any significant changes regarding the terms of the agreement of principals involved?  If yes, attach an explanation.  12/31/2005  12/31/2005  12/31/2005  12/31/2005  12/31/2005  12/31/2005  12/31/2005  12/31/2001  13/3 State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.  12/31/2001  12/31/2001  13/3 State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  4/09/2003  14/09/2003  15/4 By what department or departments? MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES (OFIS)  17.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)  15/2 If yes, give full information  16/2 If response to 8.1 is yes, please identify the name of the bank holding company.  17/2 If yes () No (X)  18/2 If response to 8.3 is yes, please identify the name of the bank holding company.  18/3 Is the company affiliated with one or more banks, thrifts or securities firms?  18/4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comproller of the Currency (OCC), the Office of Thirft Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate in the affiliate regulator.										
6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.  6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity.  7.1 This date should be the date of the examination report became available from either the state of domicile or the reporting entity.  8.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity.  8.4 By what department or departments?  8.5 MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES (OFIS)  7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any agreement.  9. Yes () No (X)  7.2 If yes, give full information  8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  9. Yes () No (X)  8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  9. Yes () No (X)  8.4 If response to 8.3 is yes, please provide below the names and location (ofly and state of the main office) of any affiliates regulated by a federal regulatory services agency [i. the Federal Reserve Board (FRB), the Office of the Comprole) and the Securities Exchange Commission (SEC)] and identify the affiliate similarly flear regulatory.	5.	have there been any significant changes regarding the ter		gent(s), attorney-in-fact, or	similar agreement,	Yes ( ) No (X) N/A ( )				
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity.  This date should be the date of the examination report became available to other states or the public from either the state of domicile or the reporting entity.  This is the release date or completion date of the examination report became available to other states or the public from either the state of domicile or the reporting entity.  This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  Od/09/2003  6.4 By what department or departments?  MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES (OFIS)  7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)  Yes () No (X)  7.2 If yes, give full information  Yes () No (X)  8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  Yes () No (X)  8.3 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  Yes () No (X)  8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i. e. the Federal Reserve Board (FRB), the Office of the Comproller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.	6 1		on reporting antity was made or in hains made			10/21/2005				
This date should be the date of the examined balance sheet and not the date the report was completed or released.  12/31/2001  3. State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  04/09/2003  6.4 By what department or departments?  MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES (OFIS)  7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)  1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  2. If yes, give full information  3. Is the company a filliated with one or more banks, thrifts or securities firms?  4. If response to 8.1 is yes, please identify the name of the bank holding company.  4. If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.				enorting entity		12/31/2005				
This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  8.4 By what department or departments?  MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES (OFIS)  7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)  8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.	0.2	This date should be the date of the examined balance she	et and not the date the report was completed or released.	eporting entity.		12/31/2001				
MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVICES (OFIS)  7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)  7.2 If yes, give full information  8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	6.3	State as of what date the latest financial examination report. This is the release date or completion date of the examination	ort became available to other states or the public from either the tition report and not the date of the examination (balance sheet	state of domicile or the repordate).	ting entity.	04/09/2003				
7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)  7.2 If yes, give full information  8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes () No (X)  8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	6.4	By what department or departments?								
governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)  Yes () No (X)  1. If yes, give full information  1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  Yes () No (X)  And The response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.		MICHIGAN OFFICE OF FINANCIAL & INSURANCE SERVIC	ES (OFIS)							
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  Yes () No (X)  8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes () No (X)  8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	7.1	governmental entity during the reporting period? (You nee	licenses or registrations (including corporate registration, if app d not report an action, either formal or informal, if a confidentia	olicable) suspended or revoke lity clause is part of the	d by any	Yes ( ) No (X)				
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  Yes () No (X)  8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes () No (X)  8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	7.2	If yes, give full information								
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes () No (X)  8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.										
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes () No (X)  8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	8.1	Is the company a subsidiary of a bank holding company re	gulated by the Federal Reserve Board?			Yes ( ) No (X)				
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.  1 2 3 4 5 6 7  Location	8.2	If response to 8.1 is yes, please identify the name of the b	ank holding company.							
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.  1 2 3 4 5 6 7  Location										
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.  1 2 3 4 5 6 7  Location	83	le the company affiliated with one or more hanks, thrifts or	sacurities firms?			Ves ( ) No (Y)				
[i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.  1 2 3 4 5 6 7  Location		• •		regulated by a federal regulat	orv services agency	105 ( ) 110 (X)				
Location		[i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance								
		1		3 4	5 6	7				
		Affiliate Name								

# **GENERAL INTERROGATORIES (continued)**

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code.	Yes (X) No ( )
9.11	If the response to 9.1 is No, please explain:	
9.2	Has the code of ethics for senior managers been amended?	Yes ( ) No (X)
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).	
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes ( ) No (X)
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).	
	FINANCIAL	
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes (X) No ( )
10.2	If yes, indicate the amounts receivable from parent included in the Page 2 amount:	\$ 2,088,542
	INVESTMENT	
11.1	Has there been any change in the reporting entity's own preferred or common stock?	Yes ( ) No (X)
11.2	If yes, explain	
12.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes ( ) No (X)
12.2	If yes, give full and complete information relating thereto:	
13.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	\$
14.	Amount of real estate and mortgages held in short-term investments:	\$
15.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes (X) No ( )
10.2	If yes, please complete the following:  1 Prior Year-End Book/ Adjusted Carrying Value	2 Current Quarter Book/ Adjusted Carrying Value
	15.21 Bonds \$	\$ 8,383,405 \$ 7,333,400 \$ 15,716,805
16.1	Has the reporting entity entered into any hedging transactions reported on schedule DB?	Yes ( ) No (X)
16.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes ( ) No ( )

If no , attach a description with this statement .

#### **GENERAL INTERROGATORIES (continued)**

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

17.	Excluding items in Schedule E, real estat were all stocks, bonds and other securities accordance with Part 1-General, Section	es, owned throughout the cu	urrent year held purs	suant to a cust	odial agreeme	nt with a qualified bank or trust company in	Yes (X) No ( )
17.1	For all agreements that comply with the re	equirements of the NAIC Fir	nancial Condition Ex	aminers Hand	book, complet	e the following:	
	1 Name of Custodia	an(s)				2 Custodian Address	
MEL	LON BANK		ONE MELL	ON CENTER	, PITTSBURG	H, PA 15258-0001	
17.2	For all agreements that do not comply wit	h the requirements of the N	AIC Financial Condi	tion Examiners	s Handbook, p	rovide the name, location and a complete explana	tion:
	1 Name(s)		2 Location(s)			3 Complete Expla	anation(s)
17 3	Have there been any changes, including	name changes in the custo	dian(s) identified in	16 1 during th	ne current quar	rter?	Yes ( ) No (X)
	If yes, give full and complete information		(1)	, and			
	1	2		3 Date		4	
	Old Custodian	New Custoo	dian	of Change		Reason	
17.5	Identify all investment advisors, brokers/ on behalf of the reporting entity:	dealers or individuals acting	on behalf of broker	s/dealers that	have access to	o the investment accounts, handle securities and h	nave authority to make investme
	1 Central Registration Dep	ository		2 Name(s)		3 Addres	SS
1044	74		. SANFORD BERN	STEIN & CO,	INC	ONE NORTH LEXINGTON AVE, WHITE PLAINS	6, NY 10601
2587			. PIMCO ADVISORS DISTRIBUTORS LLC		ORS LLC	2187 ATLANTIC ST 7TH FLOOR STAMFORD CT 06902	
18.1	Have all the filing requirements of the Pur	noses and Procedures Man	ual of the NAIC Sec	urities Valuatio	on Office heen	followed?	Yes (X) No ( )
	If no, list exceptions:	poses and i roccaires main	uai oi ilio 14/110 000	unitios valuatio	on onloc been	TOIIOMOU.	100 (A) 110 ( )
	ii iio, iiot onooptiolio.						

### **GENERAL INTERROGATORIES - Line 4.2 (Continued)**

1	2	3			
Name of Entity	NAIC Company Code	State of Domicile			
A O Fatti that have been a side of the same of the sam					

<sup>4.2 -</sup> Entities that have ceased to exist as a result of the merger or consolidation.

### **GENERAL INTERROGATORIES - Line 8.4 (Continued)**

1 Affiliate Name	Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC	]
---------------------	------------------------	----------	----------	----------	-----------	----------	---

 $<sup>8.4\,\</sup>textsc{-}\xspace$  Names and location of any affiliates regulated by a federal regulatory services agency .

### **GENERAL INTERROGATORIES - Line 17.1 (continued)**

Agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook
MELLON BANK ONE MELLON CENTER, PITTSBURGH, PA 15258-0001

### **GENERAL INTERROGATORIES - Line 17.2 (continued)**

1	2	3
Name (s)	Location(s)	Complete Explanation (s)

 $<sup>17.2 -</sup> Agreements \ that \ do \ not \ comply \ with \ the \ requirements \ of \ the \ NAIC \ Financial \ Condition \ Examiners \ Handbook$ 

#### **GENERAL INTERROGATORIES - Line 17.4 (continued)**

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

 $<sup>17.4 -</sup> Changes, \ including \ name \ changes, \ in \ the \ custodian (s) \ identified \ in \ 17.1 \ during \ current \ quarter$ 

#### **GENERAL INTERROGATORIES - Line 17.5 (continued)**

11	2	3
Central Registration Depository	Name (s)	Address
Investment advisors, brokers/dealers or individuals acting on behalf of broken		
N/A	LONGWOOD INVESTMENT ADVISORS	3 RADNOR CORP CENTER, PITTSBÜRGH, PA
104474	SANFORD BERNSTEIN & CO, INC	ONE NORTHE LEXINGTON AVE., WHITE PLANIS, NY 10601
25587	PIMCON ADVISORS DISTRIBUTORS LLC	2187 ATLANTIC ST. 7TH FLOOR, STAMFORD, CT 06902
28832	JANUS DISTRIBUTORS LLC	PO BOX 173401 DENVER, CO 80217
N/A		117 E COLORADO BLVD. PASADENA. CA 91105
(continues)		

<sup>17.1 -</sup> Agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook

# **GENERAL INTERROGATORIES - Line 17.5 (continued)**

1	2	3
Central Registration	N / )	
Depository	Name (s)	Address

Investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments (continued) N/A TUST COMPANY OF THE WEST 865 S. FIGUEROA ST, LOS ANGELES, CA 90017.

17.5 - Investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments

#### **SCHEDULE A - VERIFICATION**

Real Estate

		1 Year To Date	2 Prior Year Ended December 31
1. 2. 3. 4.	Book/adjusted carrying value, December 31 of prior year Increase (decrease) by adjustment Cost of acquired Cost of additions to and permanent improvements	2,615,485 (200,122)	3,015,729 (400,244)
5. 6. 7	Cost of additions to and permanent improvements.  Total profit (loss) on sales Increase (decrease) by foreign exchange adjustment.		
8. 9.	Amount received on sales Book/adjusted carrying value at end of current period Total valuation allowance	2,415,363	2,615,485
10. 11.	Total valuation allowance Subtotal (Line 8 plus Line 9) Total nonadmitted amounts	1	l
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	2,415,363	2,615,485

### **SCHEDULE B - VERIFICATION**

Mortgage Loans

1. Book value/recorded investment excluding accrued interest on mortgages owned. December 31 of prior year.  2. Amount loaned during period: 2.1. Actual cost at time of acquisitions. 2.2. Additional investment made after a. 3. Accrual of discount and mortgage interest. 4. Increase (decrease) by adjustment. 5. Total profit (loss) on sale. 6. Amounts paid on account or in full during t. 7. Amortization of premium. 8. Increase (decrease) by foreign exchange. 9. Book value/recorded investment excluding. 10. Total valuation allowance. 11. Subtotal (Line 9 plus Line 10). 12. Total nonadmitted amounts. 13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).			1 Year To Date	2 Prior Year Ended December 31
	3. 4. 5. 6. 7. 8. 9. 10. 11.	Amount loaned during period: 2.1. Actual cost at time of acquisitions. 2.2. Additional investment made after al Accrual of discount and mortgage interest Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during t Amortization of premium Increase (decrease) by foreign exchange Book value/recorded investment excluding Total valuation allowance Subtotal (Line 9 plus Line 10) Total nonadmitted amounts		

#### **SCHEDULE BA - VERIFICATION**

Other Invested Assets

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	7,294,899	6,321,502
2.	Cost of acquisitions during period:		
	2.1. Actual cost at time of acquisitions     2.2. Additional investment made after acquisitions.		
3.	Accrual of discount		l
4.	Increase (decrease) by adjustment	38,501	432,947
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		109,550
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment Book/adjusted carrying value of long-term invested assets at end of current period		
9.	Book/adjusted carrying value of long-term invested assets at end of current period	7,333,400	7,294,899
10.	Total valuation allowance		
11.	Subtotal (Line 9 plus Line 10)		1
12.	Total nonadmitted amounts		
13.	Statement value of long term invested assets at end of current period (Page 2, Line 7, Column 3)		6,602,332

#### **SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1. 2.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year.  Cost of bonds and stocks acquired  Accrual of discount	1,349,886	12,797,956
4.	Increase (decrease) by adjustment	91.635	37.874
5.	Increase (decrease) by foreign exchange adjustment Total profit (loss) on disposal		
6.	Total profit (loss) on disposal		34,460
7.	Consideration for bonds and stocks disposed of	6,223,327	14,531,408
8.	Amortization of premium		
9.	Book/adjusted carrying value, current period		
10.	Total valuation allowance		
11.	Subtotal (Line 9 plus Line 10)	17,707,845	22,480,211
12.	Total nonadmitted amounts		
13.	Statement value		
		, ,	, ,

#### \_

# **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	35,464,502	533,347	110,874	7,498	35,464,502	35,894,473		40,312,142
2. Class 2. 3. Class 3. 4. Class 4.								
5. Class 5. 6. Class 6.								
7. Total Bonds.	35,464,502	533,347	110,874	7,498	35,464,502	35,894,473		40,312,142
PREFERRED STOCK								
8. Class 1								
10. Class 5. 12. Class 5. 13. Class 6.								
13. UddSS 0.								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	35,464,502	533,347	110,874	7,498	35,464,502	35,894,473		40,312,142

#### **SCHEDULE DA - PART 1**

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5	
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date	
8299999 Totals	35,894,473	XXX	35,894,473	781,717		

# **SCHEDULE DA - PART 2 - VERIFICATION**

Short-Term Investments Owned

	1	2
	Year To Date	Prior Year Ended December 31
Book / adjusted carrying value, December 31 of prior year		44,070,210
2. Cost of short-term investments acquired	6,941,504	137,989,782
3. Increase (decrease) by adjustment	(11, 187, 560)	
4. Increase (decrease) by foreign exchange adjustment		
5. Total profit (loss) on disposal of short-term investments		
6. Consideration received on disposal of short-term investments	171,613	141,747,850
7. Book / adjusted carrying value, current period	35,894,473	
8. Total valuation allowance		
9. Subtotal (Line 7 plus Line 8)	35,894,473	
10. Total nonadmitted amounts		
11. Statement value (Line 9 minus Line 10)	35,894,473	
12. Income collected during period	781,717	1,922,458
13. Income earned during period		1,922,458

Page 15
Schedule DB, Pt. F, Section 1, Replicated (Synthetic) Assets Open NONE

Page 16
Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets NONE

# **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)							
0199998 - Life an	d Annuity - Affiliates	3											
0299998 - Life an	0299998 - Life and Annuity - Non-Affiliates												
0399998 - Accide	ent and Health - Affil	iates											
93440	alth - Non-Affiliates 06-1041332 ent and Health - Non	01/01/2007	HM LIFE INSURANCE COMPANY	PITTSBURGH, PA	SSL/A/G	Yes							
0599998 - Proper	599998 - Property/Casualty - Affiliates												
0699998 - Proper	rty/Casualty - Non-A	Affiliates											

### **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

	'		Direct Business Only Year to Date									
States, Etc.		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts			
Alabama A												
Alaska	_		1									
Arizona A Arkansas A												
California												
Colorado	O No											
Connecticut												
Delaware			1									
Florida												
Georgia												
Hawaii	No											
Idaho II	No											
Illinois IL Indiana IN	No											
lowa	No											
Kansas K	3 No											
Kentucky												
LouisianaL MaineM												
Maryland M												
Massachusetts M												
Michigan	l Yes	112,387,673						112,387,673				
Minnesota												
Mississippi												
Missouri M Montana M												
Nebraska N												
Nevada N												
New Hampshire N												
New Jersey												
New Mexico New York N												
North Carolina N			1									
North Dakota												
Ohio			1									
Oklahoma												
Oregon O Pennsylvania P												
Rhode Island R			1									
South Carolina	C No											
South Dakota			1									
Tennessee         T           Texas         T												
Texas. T. Utah. U												
Vermont												
Virginia												
WashingtonW												
West Virginia Wisconsin W												
Wyoming W												
American Samoa	S No											
Guam G	U No											
Puerto RicoP												
U.S. Virgin Islands												
Canada												
Aggregate Other Alien												
Subtotal	XXX	112,387,673						112,387,673				
Reporting entity contributions for Employee Benefit Plans	XXX							1				
Total (Direct Business)	(a) 1	112,387,673						112,387,673				
ILS OF WRITE-INS												
Summary of remaining write-ins for Line 58 from overflow page												
Total (Line 5801 through Line 5803 plus Line 5898)												
(Line 58 above)									l			

<sup>(</sup>a) Insert the number of yes responses except for Canada and Other Alien.

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

**PART 1 - ORGANIZATIONAL CHART** 

NONE

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATIONS and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	YES
EXPLANATIONS:	
BAR CODE:	
Document Identifier 365:	

Page E01
Sch. A, Pt. 2, Real Estate Acquired NONE

Sch. A, Pt. 3, Real Estate Sold **NONE** 

#### Page E02

Schedule B, Part 1, Mortgage Loans Acquired **NONE** 

Schedule B, Part 2, Mortgage Loans Sold **NONE** 

Page E03
Sch. BA, Pt. 1, Other Long-Term Invested Assets Acquired NONE

Sch. BA, Pt. 2, Other Long-Term Invested Assets Sold  ${\bf NONE}$ 

# **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
	Banks, Trust and Insurance Companies (Unaffiliated)								
	BANK OF AMERICA CORP COUNTRYWIDE FINANCIAL CORP			CITATION GROUP, NEW					L
222372-10-4 31620R-10-5	COUNTRYWIDE FINANCIAL CORP FIDELITY NATIONAL FINANCIAL INC				175 000				L
89417F-10-9	TRAVELERS COS INC/THE								
				PIPELINE TRADING SYS	450 000				L
6799999 - Subtota	I - Common Stocks - Banks, Trust and Insurance Companies (Unaffiliated)								
	Industrial and Miscellaneous (Unaffiliated)								
	CHEVRON CORP								
260543-10-3	DOW CHEMICAL CO/THE		06/11/2007	VARIOUS	300.000				
31410H-10-1 48666K-10-9	FEDERATED DEPARTMENT STORES INC KB HOME		05/0//2007	CREDIT SUISSE FIRST		1,000			
	KRAFT FOODS INC		05/10/2007			44 454			
55616P-10-4	MACY'S INC		06/07/2007						
565849-10-6	MARATHON OIL CORP			CREDIT SUISSE FIRST	30 000				
58155Q-10-3	MCKESSON CORP		06/26/2007						
58552D-73-9	MELLON INSTITUTIONAL FUNDS - THE BOSTON			NON BROKER TRADE		8.422			
666807-10-2	NORTHROP GRUMMAN CORP		06/27/2007	LIQUIDNET INC, BROOK	40.000				L
	PIMCO MODERATE DURATION FUND					43,481			L
	PFIZER INC		06/22/2007			13,448			L
957663-70-1	WESTERN ASSET INTERMEDIATE BOND PORTFOLI		06/29/2007	NON BROKER TRADE	3,378.000	34,963			Ļ
03937E-10-1	ARCELOR MITTAL			WDR WARBURG DILLON R					
902124-10-6	TYCO INTERNATIONAL LTD	<u> </u>	05/0//200/	BANC OF AMERICA SECU					
92857W-20-9	VODAFONE GROUP PLC	F	06/11/2007	CREDIT SUISSE FIRST	425.000	12,562			L
oosssss - Subtota	I - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					190,000			
7299997 - Subtota	I - Common Stocks - Part 3					241,418			
7299999 - Subtota	I - Common Stocks					241,418			
7399999 - Subtota	I - Preferred and Common Stocks					241,418			
7499999 - TOTALS	S					241,418			

#### **SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold , Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2 3	4	5	6	7	8	9	10		Change In	Book/Adjusted Ca	rrying Value		16	17	18	19	20	21	22 NAIC
CUSIP Identifi- cation	Description Forei	Disposal gn Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization) / Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	Designation or Market Indicator (a)
Common Stoc	cks - Banks, Trust and Insurance Companies (Un	affiliated)											1							
	CITIGROUP INC		LEHMAN BROTHERS INC	35.000	1,895		1,481	1,950	(468)			(468)		1,481		414	414	38		. <u>L</u>
	JPMORGAN CHASE & CO		CREDIT SUISSE FIRST	125.000	6,481		4,917	6,038	(1, 121)			(1, 121)		4,917		1,564	1,564	85		. <u>L</u>
	SUNTRUST BANKS INC		VARIOUS	75.000	6,245 14,621		5,150	6,334	(1, 184)					5,150		1,095 3.073	1,095	55		L
0/99999 - Sub	ototai - Common Stocks - Banks, Trust and Insura	ice Companies	(Unaniliated)		14,021		11,040	14,322	(2,773)			(2,113)		11,340		3,0/3	3,073	1/0		
Common Stoc	cks - Industrial and Miscellaneous (Unaffiliated)																			
00206R-10-2		05/21/2007	VARIOUS	400.000	15,985		10,864	14,300	(3,436)					10,864		5,121	5,121	284		. L
	COMCAST CORP		7 VARIOUS	225.000	6 , 128		4,799	6.282	(1,483)			(1,483)				1,329	1,329			. L
	CONOCOPHILLIPS		7 LIQUIDNET INC, BROOK	70.000	4,871			5,037	(2,976)			(2,976)		2,060			2,810			. L
	CROWN CASTLE INTERNATIONAL CORP		7 LIQUIDNET INC, BROOK	125.000	4,372		3,006	4,038	(1,032)			(1,032)		3,006		1,367	1,367			. L
31410H-10-1			7 ID NUMBER CHANGE	325.000	14,396		14,396							14,396				19		. L
	KELLOGG CO		7 VARIOUS	250.000	13,255		10,964	12,515	(1,551)			(1,551)				2,290	2,290	109		. L
	MCDONALD'S CORP		7 CREDIT SUISSE FIRST	200.000	10,446		6,540	8,866	(2,326)			(2,326)				3,906	3,906			. L
	MERCK & CO INC		7 CREDIT SUISSE FIRST	200.000	10,342		5,992	8,720	(2,728)			(2,728)		5,992		4,350	4,350	152		. <u>L</u>
	NORTHROP GRUMMAN CORP		SALOMON BROTHERS INC	60.000	4,483		3,573	4,062	(489)			(489)					910	22		. <u>L</u>
	PEPSICO INC		CREDIT SUISSE FIRST	50.000	3,343		2,413	3,128	(714)			(714)		2,413		930	930	30		. <u>L</u>
	PROCTER & GAMBLE CO		VARIOUS	250.000	15,850		14,019	16,068	(2,048)			(2,048)		14,019		1,831	1,831	148		. <u>L</u>
	SMURFIT-STONE CONTAINER CORP		LIQUIDNET INC, BROOK	175.000	2,125		2,122	1,848	2/4					2,122			3			. L
055622-10-4			7 PIPELINE TRADING SYS	115.000	8,000		6,297	/,/1/	(1,419)							1,703	1,703	142		. <b>L</b>
654902-20-4			WDR WARBURG DILLON R	125.000	3,089		2,641	2,540								448	448			. <b>L</b>
	DAIMLERCHRYSLER AG F	05/15/2007		150.000	12,602			9,212	(1,851)			(1,851)		7,360			5,241	237		. L
6899999 - Sub	ototal - Common Stocks - Industrial and Miscellane	ous (Unamiliate	90)		129,287		97,046	104,333	(21,678)			(21,678)		97,046		32,239	32,239	1,1/2		
7299997 - Sub	ototal - Common Stocks - Part 4				143,908		108,594	118,655	(24,451)			(24,451)		108,594		35,312	35,312	1,350		
7299999 - Sub	ototal - Common Stocks				143,908		108,594	118,655	(24,451)			(24,451)		108,594		35,312	35,312	1,350		
7399999 - Sub	ototal - Preferred and Common Stocks				143,908		108,594	118,655	(24,451)			(24,451)		108,594		35,312	35,312	1,350		
7499999 - TO1	TALS				143.908		108.594	118.655	(24.451)			(24,451)		108 594		35.312	35.312	1.350		

Page E06 Schedule DB, Part A, Section 1 NONE

Schedule DB, Part B, Section 1 **NONE** 

Page E07
Schedule DB, Part C, Section 1
NONE

Schedule DB, Part D, Section 1 **NONE** 

### STATEMENT AS OF JUNE 30, 2007 OF THE Physicians Health Plan of Mid-Michigan

# **SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

	2	3	4 Amount of	5 Amount of	Book Balance at End of Each Month During Current Quarter					
		Detect	Interest	Interest Accrued	6	7	8			
Name	Location and Supplemental Information	Code	Rate of Interest	Received During Current Quarter	at Current Statement Date	First Month	Second Month	Third Month		
Open Depositories COMERICA BANK CHASE MANHATTAN BANK	LANSING, MICHIGAN LANSING, MICHIGAN					12,030,416	17,480,907	11,989,246		
ATIONAL CITY BANK 199999 - TOTAL - Open Depositories	LANSING, MICHIGAN LANSING, MICHIGAN LANSING, MICHIGAN					50,125	50,696 17,596,141	12,274,064		
399999 - TOTAL Cash on Deposit						12,225,309	17,596,141	12,274,064		
599999 - TOTALS						12.225.309	17.596.141	12.274.064		

# Page E09 Schedule E, Part 2, Cash Equivalents NONE



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2007 OF THE Physicians Health Plan of Mid-Michigan

### MEDICARE PART D COVERAGE SUPPLEMENT

NAIC Group Code: 3408

NAIC Company Code: 95849

	1	2	3	4	5
	Individual	Coverage	Group (		
	Insured	Uninsured	Insured	Uninsured	Total Cash
Premiums Collected     Earned Premiums     Claims Paid			 	XXX XXX XXX	XXX
Claims Incurred     Reinsurance Coverage and Low Income (     Claims Paid Net of Reimbursements App	<b>)</b> [			XXX	XXX
6. Aggregate Policy Reserves - Change 7. Expenses Paid				XXX	XXX
8. Expenses Incurred 9. Underwriting Gain or Loss	_			XXX	XXX
10. Cash Flow Results	XXX	XXX	XXX	XXX	